Year 2005 P.O. Box, Dothan, AL 36302-040		CFC Campaign No. 0003				ATTENTION PAYROLL OFFICES: Only use this number to identify the local campaign.			
PRINT NAME (LAST)	FIRST		CIVILIAN MILITARY	FEDERAL ORGANIZATION	N	UNIT/DIVISION	UNIT/DIVISION AND PAYROLL OFFICE (optional		
WORK ADDRESS & ZIP CODE			·	WORK PH	IONE	SOCIAL SECU	IRITY NUMBER		
CONTRIBUTION: Fill in the blank sh Write in the total of your annual contr	owing the amount of your ribution in the space provide	payroll allotment, cash or check o	contribution.		FOUR DIGIT CHA	RITY CODE	ANNUAL AMOUNT		
ALLOTMENT SOURCE	AMOUNT	INTERVAL	T	OTAL GIFT					
MILITARY PAYROLL		X 12 months	\$						
CIVILIAN PAYROLL		X 26 pay periods	\$						
Other \$ (cash/check payable to CFC)									
CFC Organizations do not pro contributions made to the org			ration for any	DESIGNATED G	IFTS: To designate one of	or more charities of	r federated groups that de(s) and dollar amounts		
Check ONE Box: If he	RECOGNITION OF	TIONS no information will be releas	and	above.	t provided, fill in the chan	ty of federation co	de(s) and dollar amounts		
DO NOT release any informa Release my name and the (o I provide below to all the che only my name will be releas	tion to charities. ptional) home address arities I designated. If I	and/or home e-mail conta	ct information	deduct the amount(s) s the first pay period that pay the amounts so d	agency of the United States G hown above from my pay each begins in January and ending	n pay period during the with the last pay period deral Campaign show	\(\frac{\mathbf{\frac{1}{2}}}{may be employed during 2006 to ealendar year 2006 starting with different to the complete and the thing of the complete and		
				SIGNATURE			DATE		

OPM Form 1654 June 2005

□ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at: _____

Vear 2005 P.O. Box, Dothan, AL 36302-0405 PRINT NAME (LAST) FIRST MIDDLE INITIAL TO ONLY LAND			l s	CFC Campaign No. 0003					ATTENTION PAYROLL OFFICES: Only use this number to identify the local campaign. UNIT/DIVISION AND PAYROLL OFFICE (optional)		
FRINT NAME (LAST)	FIRST		CIVILIAN ' MILITARY	-EDERAL ORGANIZATION					UNITIDIVISION AND PATROLE OFFICE (upunia)		
WORK ADDRESS & ZIP CODE				WORK	PHONE						
CONTRIBUTION: Fill in the blan Write in the total of your annual of	k showing the amount of your p contribution in the space provid	payroll allotment, cash or check co	ontribution.			FOUF	R DIGIT (CHARITY	CODE	ANNUAL AMOUNT	
ALLOTMENT SOURCE	AMOUNT	INTERVAL	TO	OTAL GIFT							
MILITARY PAYROLL		X 12 months	\$								
CIVILIAN PAYROLL		X 26 pay periods	\$		ŀ						
Other	\$	(cash/check payable	to CFC)					<u> </u>			
	t provide goods or services organizations via this pled RECOGNITION OF	0	ation for any	appear on the	O GIFTS	S: To des	ignate or	ne or mor harity or f	e charities ederation o	or federated groups that code(s) and dollar amounts	
Check ONE Box: I D0 NOT release any info Release my name and th I provide below to all the only my name will be re	above. PAYROLL DEDUCTION AUTHORIZATION I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.										
				SIGNATURE						DATE	

OPM Form 1654 June 2005

VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at: _

Wiregrass Area Combined Feder Year 2005	ral Compaign (CFC)							ΔΤΤΕΝΤ	ION PAYROLL OFFIC	CES:		
P.O. Box, Dothan, AL 36302-04	105			CFC Ca	ampaig	ın No. 0	003		his number to identify the			
PRINT NAME (LAST)	FIRST MIDDLE INITIAL ☐ CIVILIAN ☐ MILITAR			FEDERAL ORGANI	IZATION		UNIT/DIVISIO	UNIT/DIVISION AND PAYROLL OFFICE (optional)				
WORK ADDRESS & ZIP CODE				WC	ORK PHON	E						
CONTRIBUTION: Fill in the blank Write in the total of your annual co	showing the amount of your particular particular provides	ayroll allotment, cash or ch	eck contribution.			FOUR I	DIGIT CHAF	RITY CODE	ANNUAL AMOU	UNT		
ALLOTMENT SOURCE	AMOUNT	INTERVAL		OTAL GIFT								
MILITARY PAYROLL		X 12 months	\$									
CIVILIAN PAYROLL		X 26 pay periods	\$						_	_		
Other \$	\$	(cash/check pay	able to CFC)									
CFC Organizations do not p contributions made to the o	provide goods or services rganizations via this pledg	in whole or partial cons e card.	sideration for any	DESIGNAT	ED GIFT	S: To desig	nate one or	more charities	or federated groups th	nat		
Chaols ONE Boys 16	RECOGNITION OP		laasad	above.	tne list pr	ovidea, fili l	n the charity	y or rederation of	ode(s) and dollar amo	unts		
DO NOT release any inform	Check ONE Box: If both boxes are checked, no information will be released. DO NOT release any information to charities.					PAYROLL DEDUCTION AUTHORIZATION I hereby authorize any agency of the United States Government by which I may be employed during 2006 to						
☐ Release my name and the (optional) home address and/or home e-mail contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.				I hereby authorize any agency of the United States Government by which I may be employed during the cale amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.								
			SIGNATURE	SIGNATURE				DATE				
■ VOLUNTEER: I would like to	be a workplace CFC volu	nteer next year. Please	e contact me for	more information	at:				OPM Form 1654 Ju	une 200{		

Privacy Act Notice

information related to such activities. activities and to establish procedures for collecting of Personnel Management to conduct fund raising Executive Order No. 12353 authorizes the U.S. Office

your payroll office. maintaining the accounting of contributions and to collected information will be disclosed to organizations the use of the Social Security Number (SSN). This Executive Order 9397 (November 22, 1943) authorizes

state and local taxing authorities regarding income tax court or another agency when the government is party of Treasury to make proper financial adjustments to a Additional disclosure may be made to the Department suit; and ţ the Internal Revenue Service and

deduction by your agency. any of the requested information may result in errors requested, is voluntary. However, noncompliance furnishing of the SSN, along with other data with your request for a payroll failure to furnish

payment, you are not required to furnish your SSN. therefore, you are making a one-time, not using the payroll deduction method of lump-sum gift and,

HOW TO COMPLETE YOUR PLEDGE CARD:

A CFC pledge card identifies the contributor, amount of pledge, and designations. A pledge card provides for a contribution by payroll deduction, cash or check. As appropriate select the military or civilian category. No credit cards!

Complete your pledge card as follows:

- PRINT complete name
- Social Security Number, if by payroll deduction
 - Identify unit, department or agency
 - Select appropriate column for deduction: civilian or military

 Check appropriate method of payment:
- Check appropriate method of payment: (Payroll Deduction \$1 per pay period minimum) or direct contribution (cash or check)
- check)
 Input annual total corresponding to method of payment

- Indicate 4 digit agency code numbers from brochure and annual dollar amount you wish
 - to designate
 Sign the date to authorize payroll deduction
 - acknowledgment from designated groups. If you check "yes", print your name and complete address or web address.

Indicate whether you wish to receive an

- Sign and date to authorize name release.
 Copies #1 & #2 of your pledge card should
 - be submitted to your keyworker. Retain Copy #3 as your receipt.